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**COVER SHEET**☒ HAYWARD A. VERDUN, LLP☒ P.O. BOX 699  
CENTERVILLE, LA 70522  
PHONE: (337) 350-1050  
☒ FAX: (337) 413-9564

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<b>ATTENTION:</b> EXAMINER MIRELLS JAGAN	<b>OFFICE LOCATION:</b>
<b>OFFICE LOCATION:</b> Mail Stop Amendments U.S. Patent and Trademark Office PO Box 1450 Alexandria, Virginia 22313-1450	<b>DATE: SEPTEMBER 19, 2005</b>
<b>FAX NUMBER: 571.273.8300</b>	<b>PHONE NUMBER: 800.PTO.9199</b>

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COMMENT ☐PLEASE  
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INFORMATION ☐

TOTAL PAGES, INCLUDING COVER: 7

## COMMENTS:

## SUBMITTED DOCUMENTS FOR APPLICATION No. 10/802,121:

- 1) AMENDMENT (RESTRICTION ELECTION) 3 PAGES
- 2) FEE TRANSMITTAL FORM 1 PAGE
- 3) TRANSMITTAL FORM 1 PAGE
- 4) CREDIT CARD AUTHORIZATION 1 PAGE

RESPECTFULLY,

  
HAYWARD A. VERDUN  
REGISTRATION No. 43,223

ATTORNEY DOCKET NO.: QI21141  
Amdt. Dated 09/19/2005  
Response to Office action of 06/20/2005

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Application No. 10/802,121

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**AMENDMENTS (RESTRICTION ELECTION)**

Atty. Docket No.  
**QI21141**

**Applicants**

**ROBERT W. McCULLOUGH, et al.**

**Application Number**

**Filed**

**10/802,121**

**03/16/2004**

**Application Title**

**Inductively Heated Transient Thermography Method  
and Apparatus for the Detection of Flaws**

**Group Art Unit**

**Examiner**

**2859**

**JAGAN, MIRELLYS**

**Confirmation No.**

**3527**

**MAIL STOP AMENDMENTS**  
**Commissioner for Patents**  
**Alexandria, VA 22313-1450**

Dear Sir:

**Certification Under 37 C.F.R. §1.8**

I hereby certify that the documents listed below are being Faxed to the  
United States Patent Office faxed Central FAX number  
(571-273-8300) on September 19, 2005.

*Hayward Verdun*  
Hayward Verdun

**RESTRICTION REQUIREMENT ELECTION**

In response to the Office Action dated 06/20/2005, the period for response to which  
extends through 09/20/2005 with a two-month extension of time included herewith, please make  
the following election:

Please elect species Group No. I claims 1-21 and 29-33 drawn to methods of testing a  
structure without traverse and cancel claims to species Group No. II claims 22-28.

**Listing of Claims**

Claims 22-28 (Canceled).

09/20/2005 TL0111 00000003 10002121

01 FC:2252

225.00 OP

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SEP 19 2005

PTO/SB/21 (08-00)

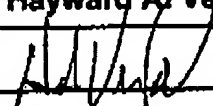
Approved for use through 10/31/2002. OMB 0651-0031

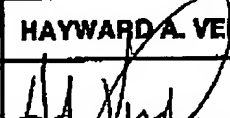
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/802,121	
	Filing Date	03/18/2004	
	First Named Inventor	Dr. Robert W. McCullough	
	Group Art Unit	2859	
	Examiner Name	Jagan, Mirellys	
Total Number of Pages in This Submission	6	Attorney Docket Number	QI21141

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks  		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Hayward A. Verdun, LLP
Signature	
Date	September 19, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <b>September 19, 2005</b>			
Typed or printed name	HAYWARD A. VERDUN		
Signature		Date	September 19, 2005

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032  
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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

# **FEE TRANSMITTAL For FY 2005**

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT (\$)** **225.00**

**Complete if Known**

Application Number	10/802,121
Filing Date	03/16/2004
First Named Inventor	Dr. Robert W. McCullough
Examiner Name	Jagan, Mireliya
Art Unit	2850
Attorney Docket No.	Q121141

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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5 - 20 or HP = 0 x 0 = 0

HP = highest number of total claims paid for, if greater than 20.

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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3 - 3 or HP = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>
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50 25

200 100

360 180

**Multiple Dependent Claims**

<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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14 - 100 = 0 / 50 = 0 (round up to a whole number) x 0.00 = 0.00

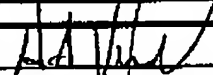
**4. OTHER FEE(S)**

Non-English Specification, \$120 fee (no small entity discount)

Other (e.g., late filing surcharge): \$225.00 Extension of Time

**Fee Paid (\$)**

**\$225.00**

<b>SUBMITTED BY</b>	<b>Registration No.</b>	<b>Telephone</b>
Signature: 	(Attorney/Agent) 43,223	337.350.1050
Name (Print/Type): HAYWARD A. VERDUN		Date September 19, 2005

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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